Blood Sugar Testing in Dental Practice

Practice Name _____

City _____

- **Eligible patients are all persons who are 19 years or older and who are in the dental office for a dental exam or checkup appointment today.**

- **Use one line per eligible patient even if that patient does not participate in the study. If the patient agrees to participate, pull screening and testing form.**

- **In column two, circle Yes or No to indicate whether the patient agreed to answer the screening questions.**

- **In column 3, if patient agrees to participate pull packet and enter packet number.**

- **In column 4, record the cumulative count of patients who have received blood sugar testing, and have data recorded. Stop recruiting when you have data recorded for 15 patients who had blood sugar tested.**

Patient #	Circle whether or not patient (19 yrs or older and exam/checkup) agreed to participate for the screening questions	Packet # (pull packet and write in # if patient agrees to participate)	Count of patients who received blood sugar testing (Stop recruiting when 15 tests have been done)	For patients enrolled in this study, dentist signature to document that verbal consent was obtained
1	Yes / No			
2	Yes / No			
3	Yes / No			
4	Yes / No			
5	Yes / No			
6	Yes / No			
7	Yes / No			
8	Yes / No			
9	Yes / No			
10	Yes / No			

1 - 1 0 0 0 3 - 1 0 2 - 0 0 1

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11	Yes / No			
12	Yes / No			
13	Yes / No			
14	Yes / No			
15	Yes / No			
16	Yes / No			
17	Yes / No			
18	Yes / No			
19	Yes / No			
20	Yes / No			

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21	Yes / No			
22	Yes / No			
23	Yes / No			
24	Yes / No			
25	Yes / No			
26	Yes / No			
27	Yes / No			
28	Yes / No			
29	Yes / No			
30	Yes / No			

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31	Yes / No			
32	Yes / No			
33	Yes / No			
34	Yes / No			
35	Yes / No			
36	Yes / No			
37	Yes / No			
38	Yes / No			
39	Yes / No			
40	Yes / No			

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41	Yes / No			
42	Yes / No			
43	Yes / No			
44	Yes / No			
45	Yes / No			
46	Yes / No			
47	Yes / No			
48	Yes / No			
49	Yes / No			
50	Yes / No			

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52	Yes / No			
53	Yes / No			
54	Yes / No			
55	Yes / No			
56	Yes / No			
57	Yes / No			
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66	Yes / No			
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70	Yes / No			

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72	Yes / No			
73	Yes / No			
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85	Yes / No			
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95	Yes / No			
96	Yes / No			
97	Yes / No			
98	Yes / No			
99	Yes / No			
100	Yes / No			